State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.*

1. ID No.	2. Exact name of the limited liability company
000119306	Franchise Wholesale Co., L.L.C.

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Missouri	WHOLESALE DISTRIBUTION OF TOBACCO PRODUCTS

5. Principal office address	City	State	Zip
17798 CHESTERFIELD AIRPORT ROAD	CHESTERFIELD	Missouri	63005

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
TERRI ALBRIGHT	COMPLIANCE MGR.		
Street Address	**City**	**State**	**Zip**
17998 CHESTERFIELD AIRPORT ROAD	CHESTERFIELD	MO	63005

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name			Manager Name		
MARK DUNHAM, MANAGER					
Street Address			Street Address		
18242 CANYON FOREST COURT					
City	State	Zip	City	State	Zip
CHESTERFIELD	MO	63005			
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

FILED
NOV 16 2009
By [signature]
729/03851

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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

000119306

File Date	
Check No.	
By:	

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[signature] 11-13-09
Signature of Authorized Person *Date*

TOM HOOD
Print or Type Name of Authorized Person

Form 632 Rev. 08/08